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BY: Anne Scellatena

DATE: August 16, 2004

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re:	Patent Application of	:
	Bruno Giannetti <i>et al.</i>	: Group Art Unit: 3732
		:
Appln. No.:	10/061,655	: Examiner:
		: Eduardo C. Robert
Filed:	February 1, 2002	:
		: Attorney Docket No.
Title:	Kit for Autologous Chondrocyte	: <b>054756-5003</b>
	Cell Transplantation	:

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Pursuant to 37 C.F.R. §§ 1.97 and 1.98 and to the duty of disclosure set forth in 37 C.F.R. § 1.56, the Examiner in charge of the above-identified application is requested to consider and make of record the references listed on the PTO 1449 submitted herewith. A copy of each of the listed references is also enclosed.

Although the information submitted herewith may be "material" to the Examiner's consideration of the subject application, this submission is not intended to constitute an admission that such information is "prior art" as to the claimed invention.

In accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made.

Since the first Official Action has been received:

- ☒ [X] The Commissioner is hereby authorized to charge Deposit Account No. **50-0310** (Billing No. **054756-5003**) as noted below. A duplicate copy of this IDS is enclosed for accounting purposes
- ☒ [X] Information Disclosure Statement Fee under 37 C.F.R. § 1.97(c)(2) in the amount of \$ **180.00**.

08/18/2004 CCHAU1 00000146 500310 10061655  
01 FC:1806 180.00 DA


☒ Any deficiencies or overpayments in the above-calculated fee.

Respectfully submitted,

**BRUNO GIANNETTI, ET AL.**

Aug. 18, 2004  
(Date)

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Enclosure (166 References)

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Complete if Known

INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 6

Application Number	10/061,655
Filing Date	February 1, 2002
First Named Inventor	Bruno Giannetti
Group Art Unit	3732
Examiner Name	Robert, Eduardo C.
Attorney Docket Number	054756-5003

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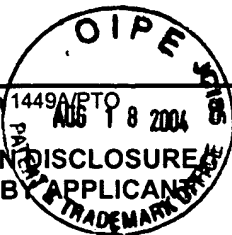
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Kind Code - see Phila Doc # 99754

\* Abstract Only



Substitute for form 1449A/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (use as many sheets as necessary)		Application Number	10/061,655
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		Examiner Name	Robert, Eduardo C.
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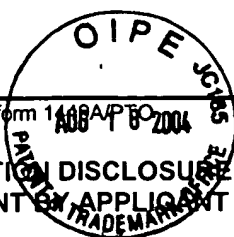
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<b>Sheet</b>	3	<b>of</b>	6	<b>Attorney Docket Number</b>	054756-5003

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<b>Sheet</b>	5 of 6	<b>Attorney Docket Number</b>	054756-5003

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<b>Examiner Signature</b>		<b>Date Considered</b>	
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Total: 166 References

T<sub>1</sub> - Place a check mark if English language translation is attached.

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